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Special theme: the Millennium Development Goals and indigenous peoples: redefining the Goals

Ongoing priorities and themes

Information received from the United Nations system

World Health Organization

Summary

The Health of the Indigenous Peoples Initiative of the Pan American Health Organization has been effective not only in advocating for the well-being of the indigenous peoples of the Americas in regional, national and local forums, but also in forging strategic partnerships and networks that have promoted processes aimed at improving the health conditions of indigenous peoples. Based on the Initiative and the evaluation of the International Decade of the World's Indigenous People carried out in 2004, the Health of the Indigenous Peoples of the Americas Programme has been established as a new space within which to deepen, expand and consolidate projects related to the improvement of the health of the indigenous peoples of the region.

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I. Recommendations made by the Permanent Forum on Indigenous Issues to the World Health Organization

1. The Permanent Forum on Indigenous Issues invited the World Health Organization (WHO) to respond to recommendations made during the previous session of the Permanent Forum. At its fourth session, the Permanent Forum had recommended that WHO organize, host and report to the Permanent Forum at its fifth session on methods, processes and best practice of integrating indigenous traditional knowledge, medicine, healing and other health practices in mainstream health-care systems and sensitizing health personnel concerning the protection of indigenous knowledge systems. The present document highlights some of the WHO activities relating to these recommendations.

2. A study on maternity in Quechua women, Bolivia, conducted by Causananchispaj, a non-governmental organization, with technical and financial support from the Regional Office for the Americas/WHO and Population Concerns, had pointed to the failure of health service to appreciate the traditional maternal care practices of community midwives as an important factor in maternal and child mortality in rural and indigenous populations in the Caiza D and Cotagaita municipalities of Potosi. High rates of maternal mortality in Potosi (496 per 100,000 live births) and low use of health services (only 24 per cent of women used health services to give birth) provided the impetus to propose an innovative and alternative strategy for maternal care that would be responsive to the viewpoint of women in the area. Ignorance of traditional cultural practices, lack of communication, and conflicts regarding objectives and allocation of resources for the maternal health programme were believed to be the reasons behind the poor rates of service usage for pregnant women. A three-phase strategy was proposed. The short-term proposal to create a rapprochement between public-health services and traditional service by organizing midwives and developing ties between the two services was implemented in August 2003. That proposal brought together 65 lay midwives to participate in activities relating to maternity care, timely identification of risks, and hygienic care in childbirth. The midwives indicated the possibility of referring high-risk cases to conventional services so long as respectful treatment was provided. In addition, 35 health officials from 25 health facilities in the municipality have been working to adapt care to the local culture, exploring traditional medicine, and responding to local health problems with policies that employ the perspective of the social actors involved, namely, mothers, midwives and health services.

3. On 25 November 2005, WHO hosted the first informal meeting of Permanent Forum representatives at WHO headquarters. Victoria Tauli-Corpez, Chairperson of the Permanent Forum, met with members of the health and human rights team, the focal point for indigenous issues within WHO headquarters. She also met with a large number of departments dealing with issues including mental health, suicide and alcohol, HIV/AIDS, traditional medicine, the Millennium Development Goals, diabetes and tobacco, and with senior policy officials.

4. Within the Regional Office for the Americas, technical cooperation and the actions of member States are based on the principles of the Pan American Health Organization (PAHO) Health of the Indigenous Peoples Initiative. These principles are: the need for a holistic approach to health; the right to self-determination of the indigenous peoples; the right to systematic participation; respect for and revitalization of indigenous cultures; reciprocity in relations; and the promotion and

protection of the right to health and other related human rights in the context of indigenous peoples' health. The work of PAHO has been effective also in promoting health as a human right and protecting indigenous peoples' rights according to international and regional human rights law and standards.

5. Work to date has been concentrated in the following five areas: building capacity and alliances; working with member States to implement national and local processes and projects; projects in priority programmatic areas; strengthening traditional health systems; and scientific, technical and public information.

6. Currently, there are projects and/or inter-programmatic activities in the following areas: integrated management of childhood illness, malaria, tuberculosis, reproductive health, water and sanitation, maternal and child health, virtual campus, mental health, alcohol and substance abuse, human rights, sexually transmitted infections and HIV/AIDS, social exclusion, elders' health, oral health, eye health, rehabilitation, and access to water and sanitation. The involvement of indigenous representatives in the technical cooperation actions has been a permanent priority.

7. The Health of the Indigenous Peoples Initiative has been effective not only in advocating for the well-being of the indigenous peoples of the Americas in regional, national and local forums, but also in forging strategic partnerships and networks that have promoted processes aimed at improving the health conditions of these peoples. Results to be highlighted include networks of collaboration, policymaking, strategies, plans and projects, as well as institutional, community and human resources development programmes.

8. Based on the Initiative and the evaluation of the International Decade of the World's Indigenous People carried out in 2004, the Health of the Indigenous Peoples of the Americas Programme has been established as a new space within which to deepen, expand and consolidate projects related to the improvement of the health of the indigenous peoples of the region. The goal is to contribute to the achievement of equity in the Americas in a context of recognition and respect of cultural diversity of the peoples, in order that complete well-being may be attained.

9. A specific example of work related to the health and human rights of indigenous peoples undertaken by PAHO has been that highlighting the plight of divers belonging to the group of indigenous people known as Miskitos off the Atlantic coast of Nicaragua and of Honduras (further information is available from http://www.paho.org/English/DD/PIN/special_050818.htm). Traditional lobster fishing has undergone a hasty transformation into a large-scale industrial operation. An estimated 9,000 divers are involved in the industry, many of whom dive without the proper equipment and 98 per cent of whom are Miskitos. Ninety-seven per cent have suffered some kind of decompression-related syndrome or disability and at least 4,200 Miskitos are totally or partially disabled owing to the syndrome. PAHO has been developing a training workshop to address these issues surrounding lobster fishing. In this regard:

- From 1 to 3 September 2004, PAHO organized a training workshop to disseminate the international and regional human rights norms and standards that protect the human rights of persons with disabilities among the Miskitos. The training workshop was organized in the region of Gracias a Dios (Honduras) where Miskitos are becoming disabled owing to their deep sea

diving and fishing of lobsters. In addition, they do not have access to rehabilitational care, treatment or equipment.

- The training workshop was conducted in Spanish with simultaneous translation into Miskito and gathered together indigenous leaders, divers organizations, regional human rights bodies, international agencies, the ombudsperson's office, organizations of persons with disabilities, governmental officials, public-health personnel, lawyers and family members, among others who were familiar with the international human rights norms and disability standards and had been trained in the use of human rights mechanisms in the context of the Inter-American system of human rights.

10. The major recommendations of the participants were:

(a) To disseminate among the Ministry of Labour, the Ministry of Education and members of the judiciary the conclusions of the training workshops;

(b) To inspect and repair the three hyperbaric chambers located in the zone of Kaukira, where the Miskitos could receive medical and rehabilitational care before and after diving. That action was essential to preventing disability and, as a consequence, protecting the rights, inter alia, to life, personal integrity, health and equal protection under the law;

(c) To implement the monitoring procedures as established by the national rules on deep sea fishing especially with regard to the employer's responsibility for taking injured divers to the closest health centres;

(d) To create a commission that would collaborate with the national committee that was reviewing the situation of the Miskitos in the context of sea fishing and disability and to disseminate among the members of such a committee the international human rights treaties ratified by Honduras and the international human rights standards on disability;

(e) To organize local training workshops on disability and human rights in collaboration with the ombudsperson's office.

11. As a result of the training workshop, the Inter-American Commission on Human Rights is reviewing the particular situation of 30 Miskitos who became disabled as a consequence of practising deep sea fishing and not having had immediate access to care, treatment and rehabilitation or immediate use of the hyperbaric chambers. The Commission has received information from the Government of Honduras and has interpreted the American Convention on Human Rights in the light of international public-health and disability standards. As a consequence, recommendation 10 (c) above is now being implemented by the Government in collaboration with the private sector and the ombudsperson's office.

12. Further information relating to indigenous health and human rights at WHO is available from the Health and Human Rights website at http://www.who.int/hhr/activities/indigenous/en/ and from the PAHO website at http://www.paho.org/English/AD/THS/OS/Indig-home.htm.

II. Obstacles to implementation of the recommendations of the Permanent Forum and to other policies relevant to indigenous peoples

13. The largest constraint on implementing recommendations put forth by the Permanent Forum and on other policies relevant to indigenous peoples is limited human and financial resources available to complete this work within WHO. There are no current resources, either human or financial, at WHO headquarters available to move forward action in this area.

14. WHO priorities are set by member States and no reference to indigenous health work has been made in the Eleventh General Programme of Work and Proposed Programme Budget 2006-2007, the document outlining WHO priorities for the next two years. Work relating to indigenous health continues to be undertaken, without resources, under the auspices of the health and human rights team, which focuses particular attention on the health rights of vulnerable population groups and works closely with other WHO departments in this context.

III. Other significant information regarding recent policies, programmes, budgetary allocations and activities relating to indigenous issues within agencies/funds/programmes/departments

15. WHO has a clear mandate with regard to indigenous health, most notably that set out in World Health Assembly document A55/35, which had been prepared in partnership with all WHO regions and outlined a global strategy to improve the health of indigenous peoples. The strategy recommended action in five areas: (a) health and demographic data and information; (b) health promotion; (c) health systems and access to care; (d) influencing the determinants of health; and (e) promoting enhanced political commitment and national capacity.

16. This outline of a global strategy suggested a number of activities at both policy and technical levels. Some of these suggested activities are now being undertaken and expanded in a workplan being developed to move forward distinct projects in these areas. These activities include:

(a) An indigenous health and human rights publication. As a method of raising awareness of the health issues faced by indigenous peoples, an indigenous health and human rights publication will advocate for a greater focus on the health rights of indigenous peoples by exhibiting good practices. It will increase the availability of high-quality information to support action in this area. This publication will be prepared, and published as part of the WHO Health and Human Rights Publication Series (see http://www.who.int/hhr/activities/publications/en/index.html for other publications in this series) in collaboration with other relevant stakeholders such as the Permanent Forum, the International Labour Organization (ILO) and the Office of the United Nations High Commissioner for Human Rights.

(b) A training module. In collaboration with stakeholders, a training module will be developed and made available (online or on CD-ROM) to build the capacity of health policymakers to successfully address indigenous peoples' health issues.

Specifically, it would strengthen capacity to develop, implement and evaluate programmes and services designed to identify and respond to indigenous peoples' health needs and rights.

(c) Data disaggregation. The Permanent Forum has recommended that WHO disaggregate health data to expose the health disparities of indigenous populations globally. Moreover, the need for disaggregated data was endorsed as a core activity of the above-mentioned strategy adopted by the World Health Assembly. Though WHO does not disaggregate data in relation to ethnicity/indigenous status, there is a potential to use data from the 2002 World Health Survey. The World Health Survey was a WHO initiative meant to compile comprehensive baseline information on the health of populations in order to provide evidence to policymakers and to build an evidence base from which to monitor health. Ethnicity or other relevant variables such as geographical area, poverty and language were reported as part of this survey. Through a process of consultation with national statistical organizations, it is hoped that this information can be deciphered and disaggregated so as to unlock health research opportunities including the areas relating to health disparities, health system responsiveness and the applicability of health policies. Filtered through the lens of ethnicity (or other relevant variables), this information can be used to support countries in their efforts to design appropriate health policies and programmes.

(d) Integrating indigenous health in international and national development frameworks. While the pursuit of the Millennium Development Goals and poverty reduction strategies carry the potential for assessing the major health problems faced by indigenous peoples, they do not necessarily capture the specificities of indigenous peoples and their visions of health. Efforts are needed to ensure that these development frameworks take into consideration, and are implemented in ways that promote and respect, indigenous peoples' health and human rights. This project will aim to link and integrate indigenous considerations with poverty reduction strategy processes and Millennium Development Goals work by engaging with the main partners of the World Health Organization.

These projects are being pursued as part of a project proposal that is currently being developed.

IV. Information and suggestions regarding the special theme of the fifth session of the Permanent Forum, namely, "The Millennium Development Goals and indigenous peoples: redefining the Goals"

17. The Regional Maternal Mortality Inter-agency Task Force made up of eight international organizations (the United Nations Population Fund, the United Nations Children's Fund, the United States Agency for International Development, Family Care International, the Population Council, the Inter-American Development Bank, the World Bank and PAHO) signed an unprecedented commitment to support the reduction of maternal mortality in Latin America and the Caribbean. That commitment recognized that maternal mortality was an obstacle to the achievement of equity and to development.